

2011 Military Health System Conference

Improving the Quality of Patient Care Utilizing Tracer Methodology

The Quadruple Aim: Working Together, Achieving Success

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Tracer Methodology

- Tracer Objectives
 - Facilitate delivery of quality, comprehensive and safe healthcare to BMEDDAC beneficiaries.
 - Evaluate organizational compliance with national healthcare standards.
 - Staff education and training at point of care; on site peer support.
 - Assess and promote consumer awareness on healthcare quality and safety standards.

BMEDDAC Tracer Process



- Implementation and Design
 - Tracer Team

- Core Tracer Team established and trained on patient and system tracers.
- Joint Commission Sustainment Officer lead on Tracer Team.
- Core Tracer Team supplemented with staff from clinics on a rotating basis.
- Each Tracer Team member assigned a tracer tool to complete.

BMEDDAC Tracer Process



- Tracer Tools
 - Standardization established for all tracer tools
 - Tracer tools developed for each chapter of The Joint Commission's Standards for Ambulatory Care manual.
 - Standards evaluated as compliant/noncompliant based upon criteria listed on tracer tool.
 - Tracer tool specified the number of observation points for each metric measured.

BMEDDAC Tracer Process



- Tracer Schedule
 - Quarterly activities
 - 1st month of the quarter the BMEDDAC Tracer Team surveys clinic (all 7 clinics are surveyed each quarter).
 - 2nd month of quarter clinic addresses findings from BMEDDAC Tracer Team.
 - 3rd month of quarter clinic conducts internal tracer utilizing tracer tools; report is submitted to the BMEDDAC Joint Commission Sustainment Officer.

BMEDDAC Tracer Process



- Performance measurement
 - Metrics
 - Standards were measured utilizing direct observation, staff and patient interview and retroactive record audits.
 - Metrics documented with the denominator being number of observations or contacts and numerator rate of compliance.
 - A minimum number of observations for each metric established.
 - 100 point scale utilized to evaluate compliance.



Resources

- Resources required
 - Fiscal resources
 - Staff reimbursement for travel and/or TDY entitlements.
 - Time commitment required of team members.

Results



- Organizational impact
 - Beneficial Process
 - Decentralized knowledge and information from headquarters to every staff member within organization.
 - Increased visibility and interaction between headquarter personnel and the clinics.
 - Provided opportunities for clinics to intermingle.
 - All staff members engaged to participate in tracer activity and created transparency between clinic and patients.



Challenges

- Hurdles to overcome
 - Challenges within the process
 - Availability of tracer team members- particularly clinical staff
 - Time commitment to conduct tracers
 - Distance required for travel to conduct tracer
 - Continuous turn over in clinic staff with real and potential loss of institutional knowledge

Conclusions



- Adaptable process
 - Practical
 - Process provides organization quantifiable data on the quality and safety of healthcare delivery.
 - Promotes staff teamwork and staff buy in as an active and valuable asset in quality and safety.
 - Involves the patient as an active member of the healthcare team.

Questions/Comments



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